

SECTION C – ATTACHMENTS
Please place Section C tab preceding this page

Insert a tab marked with the appropriate Attachment number and then the applicable Attachment documentation. In order to save space in this application, we have not inserted blank pages as place holders for attachments requiring only documentation from applicants. Please contact EHAPCD staff if you have any questions regarding applicable Attachments for your project

(no need to paginate)

STATEWIDE APPLICATION CHECKLIST

Place a check mark in the “Inserted” column to indicate Pages inserted. Mark N/A in the “Inserted” column if the item described below is not applicable. Behind the tabs for such attachments, insert a page reading “Not Applicable” in large, bold type.

Inserted	Tab Number	Description
	1	Application Summary Form
	2	Authorizing Resolution
	3	Payee Data Record
	4	Articles of Incorporation, By-Laws, and IRS Tax Exempt Status as 501(c)(3) letter, plus any amendments to these documents – <i>(Non-profit applicants only)</i>
	5	Identities of Interest Disclosure – <i>(Narrative)</i>
	6	Policies and Conditions of Stay – <i>(If project is a new facility, submit proposed policies.)</i>
	7	Evidence of Site Control – <i>(See instructions on Page 7-1 of this Section)</i>
	8	Preliminary Title Report or Property Profile with Deeds – <i>(Must include property address, Assessor’s Parcel Number, and plat map)</i>
	9	Relocation Issues Narrative and Relocation Plan – <i>(If applicable.)</i>
	10	Lessor’s Agreement To Cooperate Regarding HCD Requirements – <i>(Only if project is to be leased during EHAPCD loan term.)</i>
	11	Three Lease Comparables – <i>(If property is to be leased at market rate during loan term.)</i>
	12	Evidence of Permissive Zoning, Conditional Use Permit or Current Zoning Request Status from local Planning Department
	13	Certificate of Occupancy – <i>(For existing structures to verify capacity.)</i>
	14	Appraisal or Broker’s Price Opinion – <i>(See instructions on Page 14 of this application.)</i>
	15	Project Timeline
	16	EHAPCD Construction Sources and Uses Statement
	17	Detailed Cost Estimates for Capital Development Activities
	18	Construction Financing Sources
	19	EHAPCD Permanent Sources and Uses Statement
	20	Permanent Financing Sources
	21	Project Operating Income and Expense Statement
	22	History and Projection of All Project Operations Funding Sources with evidence of operations funding commitments – <i>(For all applicants)</i>
	23	Organization Chart
	24	Board Roster
	25	Applicant Board and Staff Profile – <i>(For non-profit applicants only.)</i>

Inserted	Tab Number	Description
	26	Project Team Package for Owner – <i>(See instructions on Page 15 of this application.)</i>
	27	EHAPCD Project Staffing
	28	Organization Income and Expense Statement – <i>(For all applicants.)</i>
	29	Three Years of Either Audited Financial Statements or IRS Form 990s. – <i>(For applicants of \$100,000 or less, Reviewed and Compiled Statements are okay.)</i>
	30	Past Occupancy – <i>(If project is proposed, mark the form “N/A”).</i>
	31	Project Team Package for Architect – <i>(If applicable, see instructions on Page 23 of this application.)</i>
	32	Project Team Package for Project Developer – <i>(If applicable, see instructions on Page 23 of this application.)</i>
	33	Project Team Package for Project Manager – <i>(If applicable, see instructions on Page 23 of this application.)</i>
	34	Lead Based Paint and Asbestos Survey – <i>(For acquisition and rehabilitation projects only.)</i>
	35	Phase I Environmental Report and Plan for Report Compliance – <i>(For new construction projects only.)</i>
	36	Current Conditions Statement and Scope of Work – <i>(For rehabilitation projects only.)</i>
	37	Project Schematics – <i>(Include floor plan to show new/proposed beds.)</i>
	38	Acknowledgement of Off-Site Improvement Costs and Verification of Payment Source – <i>(For rehabilitation and new construction projects only.)</i>
	39	Section IV. Designated Local Board (DLB) Priorities
	40	Section V. EHAPCD Statewide Priority Setting System
	41	Documentation of “High” Priority in Regional Continuum of Care, LESS or Similar Community Plan

ATTACHMENT #1

Department of Housing and Community Development

***Application Summary Form*****Emergency Housing and Assistance Program Capital Development Deferred Loan (EHAPCD Program)****1.a. Applicant Information**

Name: _____

Address: _____

City: _____ Zip Code: _____

Entity Type: _____
(County Entity, California Non-profit Public Benefit Corporation, Municipal Corporation, etc.)

Program City: _____ Program County: _____

Profit Status: ☐ Non-Profit ☐ Government No. of applications submitted this funding round _____**1.b. Authorized Representative Information**☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other _____

First Name: _____ MI: _____ Last Name: _____

Job Title: _____

Address: _____

City: _____ Zip Code: _____

Phone: (____) _____ Ext. _____ Fax: (____) _____

Email: _____

1.c. Applicant Contact Information☐ Check if the same as Authorized Representative and go to next section.☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other _____

First Name: _____ MI: _____ Last Name: _____

Job Title: _____

Address: _____

City: _____ Zip Code: _____

Phone: (____) _____ Ext. _____ Fax: (____) _____

Email: _____

2. Requested Funding by Activity	
Activity:	Amount
Acquisition	
Rehabilitation/Renovation/Conversion	\$
New Construction	\$
Subtotal for Activities	\$
EHAPCD Loan Administration (limited to 5% of Total Loan Amount Requested)	\$
Maximum Loan Amount \$1M per project site	
Minimum \$20,001 per project site	
Total Loan Amount Requested	\$

3. Target Population Check only one box showing the primary target population to be served by this project.	
1. <input type="checkbox"/> Physically Disabled	8. <input type="checkbox"/> Seniors
2. <input type="checkbox"/> Persons Living with HIV/AIDS	9. <input type="checkbox"/> Mentally Ill
3. <input type="checkbox"/> Youths (under 24 years old)	10. <input type="checkbox"/> Veterans
4. <input type="checkbox"/> Single Adults	11. <input type="checkbox"/> Victims of Domestic Violence
5. <input type="checkbox"/> Single Men	12. <input type="checkbox"/> Substance Abusers
6. <input type="checkbox"/> Single Women	13. <input type="checkbox"/> Dually-Diagnosed
7. <input type="checkbox"/> Families	14. <input type="checkbox"/> General Homeless
	15. <input type="checkbox"/> Other: _____

4. Project Information			
Site Name& Type	Address or Assessor's Parcel No.(s)/City/County/Zip Code	Target Population	Average No. of Persons Served Daily
<i>EXAMPLE Angel's Den, Emergency Shelter</i>	<i>123 Any Street <input type="checkbox"/> Confidential Site Sacramento, Sacramento County 95814</i>	<i>6</i>	<i>250</i>

5. Type of Assistance Requested		6. Additional Project Information
Emergency Shelter	_____ New Beds _____ Preserved Beds	Project site is located in <input type="checkbox"/> an Urban County <input type="checkbox"/> a Non-urban County
Transitional Housing	_____ New Beds _____ Preserved Beds	Through the EHAPCD loan term, title for the project site is or will be <input type="checkbox"/> Fee Simple <input type="checkbox"/> Leasehold
Safe Haven	_____ New Beds _____ Preserved Beds	Total Project Development Cost anticipated to be \$ _____
*TOTAL BED COUNT TO BE PROVIDED BY PROJECT FACILITY	_____ New Beds _____ Preserved Beds	*If EHAPCD will not be regulating all beds, so indicate in the Program Description on the next page.

7. Legislative Representative Information			
	District #	First Name	Last Name
Assembly			
Senate			
Congress			

8. Program Description

In 200 words or less, provide a description for facility for which you are requesting funding. Include the type of program you are or will be running (i.e., emergency shelter, transitional housing, and or safe haven.), the total bed count to be provided using EHAPCD funds and for the total development, the number and type of clients to be served including any target groups; types of units, services, and staffing; and whether it is an existing or proposed facility / program. Lastly, concisely describe the proposed development activity (ies) to be funded with the monies provided by EHAPCD.

INSTRUCTIONS FOR COMPLETING EHAPCD APPLICATION SUMMARY FORM

Please follow these step-by-step instructions for completing the Application Summary Form on the following pages. It is important for reviewing purposes that each item be completed correctly.

Certification of Application Information

An executed certification must include the organization's name and be signed by the Authorized Representative; including a printed name and title as well as the date it was executed.

1.a. Applicant Information

Name: Provide the name of the organization that will be administering the funds. This must be the same as stated on the Resolution, as incorporated (from 501(c)(3), or Articles of Incorporation). If it is different from one or both of these documents, an explanation must be provided on a separate sheet of paper and attached immediately behind the first page of the Application Summary Form. **Do not include DBAs.**

Address: Provide the address for the administrative office.

City: Provide the name of the city where the administrative office is located.

Zip Code: Provide the zip code for the administrative office.

Entity Type: Specify your organization's entity type.

Program City: Provide the name of the city(ies) where the program is located/operated. This is not where the administrative office is located unless it is located onsite at the program.

Program County: Provide the name of the county where the program is located/operated. This is not where the administrative office is located unless it is located onsite at the program.

Profit Status: Indicate whether the applicant is a Non-profit or Government Agency. Community Action Agencies will be considered a non-profit unless the Authorizing Resolution is from the Board of Supervisors.

Applications Submitted this Funding round Enter the total number of applications your organization will be submitting, regardless of project site, this funding round.

1.b. Authorized Representative Information

The Authorized Representative is the person or persons, (by title) authorized in the Resolution (Page 18) to sign the Application and enter into the Standard Agreement.

Salutary Title: Indicate the correct title for the Authorized Representative. If "Other" is chosen, provide title in the space provided.

First Name: Provide the first name of the person that is authorized to sign the Application and the Standard Agreement as stated in the Resolution.

MI: Provide the middle initial (if applicable) of the person that is authorized to sign the Application and the Standard Agreement as stated in the Resolution.

Last Name: Provide the last name of the person that is authorized to sign the Application and the Standard Agreement as stated in the Resolution.

Job Title: Provide the job title of the person that is authorized to sign the Application and the Standard Agreement as stated in the Resolution.

Address: Provide the address for the Authorized Representative.

City: Provide the city where the Authorized Representative is located.

Zip Code: Provide the zip code for the Authorized Representative.

Phone: Provide the telephone number for the Authorized Representative.

Ext.: Provide the extension (if applicable) for the Authorized Representative.

Fax Number: Provide the fax number for the Authorized Representative.

Email: Provide the email address for the Authorized Representative.

1.c. Applicant Contact Information

If the Application Contact is the same person as the Authorized Representative, check the box provided and skip to Section 2 of this summary form.

Salutary Title: Indicate the correct title for the person to be contacted regarding the grant. If “Other” is chosen, provide title in the space provided.

First Name: Provide the first name of the person to be contacted regarding the grant.

MI: Provide the middle initial (if applicable) of the person to be contacted regarding the grant.

Last Name: Provide the last name of the person to be contacted regarding the grant.

Job Title: Provide the job title of the person to be contacted regarding the grant.

Address: Provide the address for the person to be contacted regarding the grant.

City: Provide the city where the person to be contacted regarding the grant is located.

Zip Code: Provide the zip code for the person to be contacted regarding the grant.

Phone: Provide the telephone number for the person to be contacted regarding the grant.

Ext.: Provide the extension (if applicable) for the person to be contacted regarding the grant.

Fax Number: Provide the fax number for the person to be contacted regarding the grant.

Email: Provide the email address for the person to be contacted regarding the grant.

2. Requested Funding by Activity

Activity Amount: Indicate the dollar amounts you are applying for in each major funding category.

Subtotal Activities: Indicate the sub total dollar amount that you are applying for in each of the development categories listed.

EHAPCD Loan

Administration: Indicate the dollar amount requested for Administration (if applicable). This amount is for staff costs associated with administration of the EHAPCD Development project only and is not to exceed 5% of the Total Loan Amount Requested.

Total Loan Amount

Requested: Indicate the total dollar amount of funds requested (Total Activities plus the dollar amount for EHAPCD Loan Administration). An organization may only be awarded \$1,000,000 per county.

3. Target Population

Check only one box next to the primary target population that will be served by this project. The primary target population is defined as the target population represented by the largest numerical number of clients served versus the number of clients in any other target group. If the group is not listed, please check "Other" and briefly indicate who the population is in the space provided.

4. Project Information

Provide information for actual shelter location.

Site Name/Type: Provide the name and type of program (i.e., Emergency Shelter, New Construction etc.) of the project/site. If this is a multi-organization application, also provide the organization name for the project/site.

Address/City/County/

Zip Code: Provide the address (or assessor's parcel number if address has not yet been assigned), city, county, and zip code for the project/site. If the address is confidential, indicate by checking the "Confidential" box. You must still provide the city and county where the project/site is located.

Target Population: Insert the numerical code for the primary target population served at the site(s). The numerical code is the number next to the primary target population that you checked.

Average Number of

Persons Served Daily: Please use the following formula to determine this count.

1. Take your existing daily count of persons served and project it over the next twelve months (duplicate counts of the same persons served on different days is acceptable).
2. Divide this number by 12.
3. Divide the product by 30.
4. Round this product to the nearest whole number.

Sample: 24,000 persons to be served within the next twelve (12) months / 12 = 2000
2000 / 30 = 66.66 (rounded to 67)

Homeless Prevention Programs:

To determine your daily count of persons served, assume that persons will be served for 30 days, (one month's rent/utilities), and count number of persons in the household rather number of households.

5. Type of Assistance Requested

Enter the number of new and/or preserved beds to be funded by EHAPCD at the proposed project site for each applicable project type. Then provide a project total of the new and preserved beds to be provided. DO NOT LEAVE THIS BLANK.

6. Additional Project Information

Mark the appropriate box to show that the project site is in an urban or non-urban county. See the NOFA Page A-1. Indicate if the project is to be held during the EHAPCD loan term as Fee Simple (you are or will be the project site's legal owner) or Leasehold (you are or will be leasing the project site from the project site's legal owner). Provide the anticipated total dollar amount the development project will cost.

7. Legislative Representative Information

Indicate the District Number, first name, and last name for the Assembly, Senate, and Congressional Representatives for the project's location.

8. Program Description

Provide a 200 word or less description for the facility for which you are requesting funding. Details to be included can be found at the top of the application page entitled Program Description, Section 8 of the Application Summary Form.

ATTACHMENT #2
INSERT YOUR RESOLUTION IN PLACE OF THIS PAGE
SAMPLE AUTHORIZING RESOLUTION

RESOLUTION
WHEREAS:

- A. The State of California, Department of Housing and Community Development, Division of Community Affairs, issued a Notice of Funding Availability (NOFA) for the Emergency Housing and Assistance Program (EHAP Capital Development Allocation); and
- B. [] is a non-profit corporation or local
(Insert Name of Application Organization)
government agency that is eligible and wishes to apply for and receive an EHAPCD loan;

NOW THEREFORE BE IT RESOLVED THAT:

1. The Board of Directors of [] hereby authorizes
(Insert Name of Applicant Organization)
[] to apply for an EHAPCD loan in an amount not more than the
(Insert Title of Authorized Person/Officer)
maximum amount permitted by the NOFA, and in accordance with the program statute, Regulations, and Local Emergency Shelter Strategy, where applicable.
2. If the loan application authorized by this Resolution is approved, the []
(Insert Name of Applicant Organization)
hereby agrees to use the EHAPCD funds for eligible activities in the manner presented in the application as approved by the Department and in accordance with the program statute (Health and Safety Code Section 50800 – 50806.5) and Regulations (Title 25, Division 1, Chapter 7, Subchapter 12, Sections 7950 through 7976 of the California Code of Regulations); and the Standard Agreement.
3. If the loan application authorized by this Resolution is approved, []
(Insert Title of Authorized Person/Officer)
is authorized to sign the Standard Agreement and any subsequent amendments; as well as EHAPCD loan documents with the Department, for the purposes of this loan. **(Remember to use only the title of the person in case of staff/board turnover. Delays caused by naming individuals may impact processing your loan.)**

PASSED AND ADOPTED at a regular meeting of the []
(Insert Name of Applicant Organization)
this [] day of [], 200[] by the following vote:

AYES:

ABSTENTIONS:

NOES:

ABSENT:

[]
Signature of Approving Officer

[]
Printed Name and Title of Approving Officer

ATTEST: []
Signature and Title

RESOLUTION PREPARATION CHECKLIST AND SAMPLE AUTHORIZING RESOLUTION

The Resolution accompanying an application for the Emergency Housing and Assistance Program Capital Development (EHAPCD) Deferred Loan must include the information contained in the Sample Authorizing Resolution. Please confirm the following requirements have been met:

- The Sample Authorizing Resolution language and format (see Sample Authorizing Resolution next page) has been used and prepared on your organization's letterhead (**do not use the Sample Resolution page**).
- The name of the applicant organization that is listed on the Resolution must match the organization name that appears on the Articles of Incorporation filed with the Secretary of State (provide amendment trail, if applicable). Be consistent throughout the Resolution to use the exact name. **Do not include DBAs, names of project sites, or programs.**
- The Resolution shows the date of the board action to approve the Resolution. This board action must occur on or after November 5, 2004 and on or before January 27, 2005.
- The title / office of the person authorized to sign the Standard Agreement (not the person's name) was included.
- The vote tally section has been completed.
- The Approving Officer, who signs the Resolution, cannot be the Authorized Officer named to sign the EHAPCD Application and the EHAPCD Standard Agreement.
- The "Approving Officer" and the "Attest" lines have been signed and the required titles/names have been printed below the signatures. Person signing the "Attest" is usually the secretary or clerk.

Please make sure the Resolution has been prepared using the Sample Authorizing Resolution format. Following up with grantees to obtain corrected Resolutions is extremely time consuming and causes delays in executing Standard Agreements.

If you have any questions regarding the required Resolution or the Payee Data Record, please call the EHAPCD staff at (916) 445-0845 or e-mail bstolk@hcd.ca.gov. If you would like the Sample Resolution sent to you by e-mail or on disk, please contact Barbara Stolk at the above phone number or e-mail address.

ATTACHMENT #3

Each awarded organization is required to complete and submit a Payee Data Record form.

You can obtain an original of this form at website: <http://www.documents.dgs.ca.gov/osp/pdf/std204.pdf>

STATE OF CALIFORNIA

PAYEE DATA RECORD

(Required in lieu of IRS W-9 when doing business with the State of California)

STD. 204 (REV. 2-2000)

NOTE: Governmental entities, federal, state, and local (including school districts) are not required to submit this form.

SECTION 1 must be completed by the requesting state agency before forwarding to the payee

1 PLEASE RETURN TO:	DEPARTMENT/OFFICE	PURPOSE: Information contained in this form will be used by state agencies to prepare information Returns (Form 1099) and for withholding on payments to nonresident payees. Prompt return of this fully completed form will prevent delays when processing payments. (See Privacy Statement on reverse)
	STREET ADDRESS	
	CITY, STATE, ZIP CODE	
	TELEPHONE NUMBER	

2	PAYEE'S BUSINESS NAME
MAILING ADDRESS (Number and Street or P. O. Box Number)	
(City, State and Zip Code)	

3 VENDOR ENTITY INFORMATION	<p>CHECK ONE BOX ONLY</p> <p><input type="checkbox"/> LEGAL CORPORATION <input type="checkbox"/> PARTNERSHIP</p> <p><input type="checkbox"/> MEDICAL CORPORATION <input type="checkbox"/> ESTATE OR TRUST</p> <p><input type="checkbox"/> EXEMPT CORPORATION</p> <p><input type="checkbox"/> ALL OTHER CORPORATIONS FEDERAL EMPLOYERS IDENTIFICATION NUMBER (FEIN) _____</p>	<p>NOTE: State and local governmental entities, including school districts are not required to submit this form.</p> <p>NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.</p>
	<p><input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR SOCIAL SECURITY NUMBER OF OWNER _____ OWNER'S FULL NAME (Print) _____</p>	

4 PAYEE RESIDENCY STATUS	<p>CHECK APPROPRIATE BOX(ES)</p> <p><input type="checkbox"/> California Resident - Qualified to do business in CA or a permanent place of business in CA</p> <p><input type="checkbox"/> Nonresident (See Reverse) Payments to nonresidents for services may be subject to state withholding</p> <p><input type="checkbox"/> WAIVER OF STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED</p> <p><input type="checkbox"/> SERVICES PERFORMED OUTSIDE OF CALIFORNIA/ GOODS ONLY SOLD TO CALIFORNIA</p>	<p>NOTE:</p> <p>a. An estate is a resident if decedent was a California resident at time of death.</p> <p>b. A trust is a resident if at least one trustee is a California resident. (See reverse)</p>

5 CERTIFYING SIGNATURE	I hereby certify under penalty of perjury that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you.		
	AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)		TITLE
	SIGNATURE	DATE	TELEPHONE NUMBER

ATTACHMENT #5

IDENTITY OF INTEREST DISCLOSURE

Submit a narrative identifying any persons or entities, including affiliated entities, that will provide goods or services to the project shelter either a) in more than one capacity; or b) that qualify as a “Related Party” to any person or entity that will provide goods or services to the project, using TCAC’s definition of “Related Party” (see except below from Section 10302 of TCAC’s regulations available online at <http://www.treasurer.ca.gov/CTCAC/ctcac.html>).

Section 10302 of TCAC Regulations:

(cc) Related Party Means

- (1) the brothers, sisters, spouse, ancestors, and direct descendants of a person;
- (2) a person and corporation where that person owns more than 50% in value of the outstanding stock of that corporation;
- (3) two or more corporations that are connected through stock ownership with a common parent with stock possessing.
 - (A) at least 50% of the total combined voting power of all classes that can vote, or
 - (B) at least 50% of the total value combined voting power of all classes of stock of each of the corporations, or
 - (C) at least 50% of the total value of shares of all classes of stock of at least one of the other corporations, excluding, in computing that voting power or value, stock owned directly by that other corporation.
- (4) a grantor and fiduciary of any trust;
- (5) a fiduciary of one trust and a fiduciary of another trust, if the same person is a grantor of both trusts;
- (6) a fiduciary of a trust and a beneficiary of that trust.
- (7) a fiduciary of a trust and a corporation where more than 50% in value of the outstanding stock is owned by or for the trust or by or for a person who is a grantor of the trust;
- (8) a person or organization and an organization that is tax-exempt under Subsection 501(a) of the IRC and that is affiliated with or controlled by that person or the person’s family members or by that organization.
- (9) a corporation and a partnership or joint venture if the same persons own more than:
 - (A) 50% in value of the outstanding stock of the corporation; and
 - (B) 50% of the capital interest, or the profits’ interest, in the partnership or joint venture;
- (10) one S corporation and another S corporation if the same person own more than 50% in value of the outstanding stock of each corporation;
- (11) an S corporation and a C corporation, if the same persons own more than 50% in value of the outstanding stock of each corporation;
- (12) a partnership and a person or organization owning more than 50% of the capital interest, or the profits’ interest, in that partnership; or
- (13) two partnerships where the same person or organization owns more than 50% of the capital interest or profits’ interests.

ATTACHMENT #7

EVIDENCE OF SITE CONTROL

For the purposes of the NOFA, site control may include:

- Fee title in the name of the applicant at the time of application, evidenced by a grant deed.
- An enforceable Purchase Agreement or Lease Option to Purchase, or other enforceable agreement for the acquisition of the project property which shall close, at minimum, no sooner than the anticipated program award notification date as specified in Section IIB of the NOFA. The agreement must also include the unconditional right to extend the anticipated EHAPCD loan closing date, a minimum of 90 days from the estimated program award notification date. **(Note: If you are negotiating an acquisition, we strongly recommend insertion of a clause that the purchase is subject to your organization obtaining financing, especially receipt of an EHAPCD award, if that is critical.)**
- An enforceable Lease or Option to Lease for the project property with provisions that enable the lessee (applicant) to lease the land and make improvements on and encumber the property. Prior to EHAPCD loan closing, the terms and conditions of any proposed lease shall permit compliance with all Program requirements and the term of the leasehold must exceed the applicable EHAPCD loan term by ten (10) years.

ATTACHMENT #10
LESSOR'S AGREEMENT
To Cooperate Regarding HCD Requirements

Department of Housing and Community Development
Emergency Housing and Assistance Program
Capital Development Deferred Loan (EHAPCD)

Site control for the emergency shelter and/or transitional housing project ("PROJECT") that is the subject of the attached Application is a lease ("Lease") between _____ ("LESSOR") and _____ ("LESSEE/APPLICANT") on the property located at _____.

LESSOR AND LESSEE/APPLICANT understand, agree and acknowledge:

1. The LEASE or memorandum of lease acceptable to the Department will be recorded in the county where the PROJECT is located.
2. The minimum term of the LEASE will be equal to the term of the EHAPCD loan (begins at EHAPCD loan closing) plus ten (10) years.
3. The security for the EHAPCD loan will be documented by the execution and recordation of:
 - (a) the Department's Deed of Trust by the LESSOR AND THE LESSEE/APPLICANT;
 - or
 - (b) the Department's Deed of Trust by the LESSEE/APPLICANT **and** the Department's Lease Rider by the LESSOR AND LESSEE/APPLICANT.
4. Execution and recordation of the documents stated in paragraph 3 above is essential to provide the security interest required for the EHAPCD loan.

LESSEE/APPLICANT:

LESSOR:

By _____
Authorized Representative

By _____

Printed Name and Title _____

Printed Name and Title _____

Date _____

Date _____

**ATTACHMENT #15
PROJECT TIMELINE**

Organization Name: _____

Site Address: _____ Date: _____

Mark “N/A” in the Start Date if the Development Step does not apply to your project, (i.e. if acquisition and minor rehabilitation: “Acquire building permit from building authority” and “Recorded Notice of Completion: N/A”)

Development Step	Start Date (mm/dd/yy)	Completion Date (mm/dd/yy)
Acquire planning approval		
Acquire building permit from building authority (submit legible copy)		
Relocation implementation plan completion		
Acquire development site or facility through purchase (circle one)		
Bid package completion		
Bid selection		
Other financing closing		
Relocation completion		
Construction contract execution		
Desired EHAPCD loan closing date		
Construction start up		
Construction completion		
Acquire Certificate of Occupancy (submit legible copy)		
Occupancy start up		
Acquire Recorded Notice of Completion (submit legible copy)		
Other		
Other:		

ATTACHMENT #16

EHAPCD CONSTRUCTION SOURCES AND USES STATEMENT

	TOTAL PROJECT COSTS	Construction Financing Sources					
Development Budget		EHAPCD	2 _____	3 _____	4 _____	5 _____	6 _____
LAND COST/ACQUISITION							
Land Cost or Value							
Demolition							
Legal							
Total Land Cost or Value							
IMPROVEMENT COSTS							
Existing Improvements Value							
Off-Site Improvements		XXXXXXXX					
Total Improvements Costs							
ACQUISITION COSTS							
Total Acquisition Costs							
REHABILITATION							
Site Work							
Structures							
General Requirements							
Contractor Overhead							
Contractor Profit							
Relocation Expenses		XXXXXXXX					
Total Rehab. Costs							
NEW CONSTRUCTION							
Site Work							
Structures							
General Requirements							
Contractor Overhead							
Contractor Profit							
Total New Construction Costs							
ARCHITECTURAL FEES							
Design							

	TOTAL PROJECT COSTS	Construction Financing Sources					
Development Budget		EHAPCD	2	3	4	5	6
CONST. INTEREST & FEES							
Const. Loan Interest							
Origination Fee							
Credit Enhance. & App. Fee							
Bond Premium							
Taxes							
Insurance							
Title and Recording							
Total Const. Interest & Fees							
PERMANENT FINANCING							
Loan Origination Fee		XXXXXXXX					
Credit Enhance. & App. Fee		XXXXXXXX					
Title and Recording		XXXXXXXX					
Other		XXXXXXXX					
Total Perm. Financing Costs		XXXXXXXX					
LEGAL FEES							
Lender Legal Pd. by Applicant		XXXXXXXX					
Other (Specify)		XXXXXXXX					
Total Attorney Costs		XXXXXXXX					
RESERVES							
Rent Reserves		XXXXXXXX					
Capitalized Rent Reserves		XXXXXXXX					
Capitalized Operating Reserve		XXXXXXXX					
Capitalized Replacement Reserves		XXXXXXXX					
Total Reserve Costs		XXXXXXXX					
OTHER CONSTRUCTION COSTS							
Appraisal Costs							
Survey & Engineering Costs							

	TOTAL PROJECT COSTS	Construction Financing Sources					
Development Budget		EHAPCD	2 _____	3 _____	4 _____	5 _____	6 _____
Contingency Costs		XXXXXXXX					
Total Other Construction Costs							
TOTAL CONSTRUCTION							
Total Construction Costs							
OTHER							
TCAC App/Alloc/Monitor Fees		XXXXXXXX					
Environmental Audit							
Local Dev. Impact Fees							
Permit Processing Fees							
Capital Fees		XXXXXXXX					
Marketing		XXXXXXXX					
Furnishings		XXXXXXXX					
Other (specify)							
Other (specify)							
Total Other Costs							
SUBTOTAL - BUDGET							
Subtotal - Budget							
DEVELOPER COSTS							
Developer Overhead/Profit		XXXXXXXX					
Consultant/Processing Agent							
Project Administration							
Broker fees paid by owner							
Const. Mngmt Oversight							
Other (specify)							
Total Developer Costs							
TOTAL PROJECT COST							
TOTAL PROJECT COST							

ATTACHMENT #17
DETAILED COST ESTIMATES FOR CAPITAL DEVELOPMENT ACTIVITIES
Basic format needed – Recreate to represent your project's costs.

Estimator's Name: _____ Profession: _____
 Phone Number: _____ Costs Good Until: _____
 Date: _____
 Estimator's Signature: _____ License No.: _____

Summarize the work and/or equipment items by activity (e.g., new construction, rehabilitation) using the project applicable industry standard categories. You may enhance the categories, as needed. Include all minimum required costs developed at the schematic level, e.g., engineering; architectural; legal; locality fees; estimate of contractor general requirements, overhead, and profit; line item construction costs; relocation costs; and off-site costs. **Indicate each development cost to be paid by EHAPCD by notating the line item "EHAPCD".** Totals listed on this form should match your Construction Funding Sources and Uses column totals starting on **Page 16-1**. After the loan award, competitive bidding is required to determine building contractor(s) and/or major equipment supplier(s). Note that the State prevailing wage law applies for all construction work paid for with EHAPCD funds.

A	B	C
Work or Equipment Item – Include quantity and unit cost, or number of hours and hourly cost. GENERAL REQUIREMENTS	Total Cost	Mark "EHAPCD" funded line items and amounts.
SITE WORK		
CONCRETE		
MASONRY		
METALS		
WOOD AND PLASTICS		
THERMAL AND MOISTURE CONTROL		
DOORS AND WINDOWS		
PLUMBING		
FINISHES		
SPECIALTIES		
BUILT-IN EQUIPMENT (see NOFA for eligible equipment)		
SPECIAL CONSTRUCTION		
CONVEYING SYSTEMS		
MECHANICAL		
ELECTRICAL		
TOTAL (must match Construction Funding Sources and Uses, Total Project Costs, Page 16-3)		

ATTACHMENT #18
CONSTRUCTION FINANCING SOURCES

Submit behind this form available evidence of other Construction Funding Sources (e.g. award letters)

1. Construction Financing (Complete only if different from permanent financing)
Copy this form as necessary. Include in-kind sources.

List Below, in Lien position order, all Projected Sources Required To Complete Construction.

Name of Lender/Source	Term in Months	Interest Rate	Amount of Funds	Commitment Letter in application? Check if "Yes"
		%	\$	
		%	\$	
		%	\$	
		%	\$	
Total Construction Financing			\$	

1. Name of Lender/Source: _____
Street Address: _____ Contact Name: _____
City: _____ State: _____ Phone Number: _____
Type of Financing: _____
☐ Committed ☐ Not Committed Use: _____
2. Name of Lender/Source: _____
Street Address: _____ Contact Name: _____
City: _____ State: _____ Phone Number: _____
Type of Financing: _____
☐ Committed ☐ Not Committed Use: _____
3. Name of Lender/Source: _____
Street Address: _____ Contact Name: _____
City: _____ State: _____ Phone Number: _____
Type of Financing: _____
☐ Committed ☐ Not Committed Use: _____
4. Name of Lender/Source: _____
Street Address: _____ Contact Name: _____
City: _____ State: _____ Phone Number: _____
Type of Financing: _____
☐ Committed ☐ Not Committed Use: _____

ATTACHMENT #19

EHAPCD PERMANENT SOURCES AND USES STATEMENT

	TOTAL PROJECT COSTS	Permanent Financing Sources					
Development Budget		EHAPCD	2 _____	3 _____	4 _____	5 _____	6 _____
LAND COST/ACQUISITION							
Land Cost or Value							
Demolition							
Legal							
Total Land Cost or Value							
IMPROVEMENT COSTS							
Existing Improvements Value							
Off-Site Improvements		XXXXXXXX					
Total Improvements Costs							
ACQUISITION COSTS							
Total Acquisition Costs							
REHABILITATION							
Site Work							
Structures							
General Requirements							
Contractor Overhead							
Contractor Profit							
Relocation Expenses		XXXXXXXX					
Total Rehab. Costs							
NEW CONSTRUCTION							
Site Work							
Structures							
General Requirements							
Contractor Overhead							
Contractor Profit							
Total New Construction Costs							
ARCHITECTURAL FEES							
Design							

	TOTAL PROJECT COSTS	Permanent Financing Sources					
Development Budget		EHAPCD	2	3	4	5	6
CONST. INTEREST & FEES							
Const. Loan Interest							
Origination Fee							
Credit Enhance. & App. Fee							
Bond Premium							
Taxes							
Insurance							
Title and Recording							
Total Const. Interest & Fees							
PERMANENT FINANCING							
Loan Origination Fee		XXXXXXXX					
Credit Enhance. & App. Fee		XXXXXXXX					
Title and Recording		XXXXXXXX					
Other		XXXXXXXX					
Total Perm. Financing Costs		XXXXXXXX					
LEGAL FEES							
Lender Legal Pd. by Applicant		XXXXXXXX					
Other (Specify)		XXXXXXXX					
Total Attorney Costs		XXXXXXXX					
RESERVES							
Rent Reserves		XXXXXXXX					
Capitalized Rent Reserves		XXXXXXXX					
Capitalized Operating Reserve		XXXXXXXX					
Capitalized Replacement Reserves		XXXXXXXX					
Total Reserve Costs		XXXXXXXX					
OTHER CONSTRUCTION COSTS							
Appraisal Costs							
Survey & Engineering Costs							

	TOTAL PROJECT COSTS	Permanent Financing Sources					
Development Budget		EHAPCD	2 _____	3 _____	4 _____	5 _____	6 _____
Contingency Costs		XXXXXXXX					
Total Other Construction Costs							
TOTAL CONSTRUCTION							
Total Construction Costs							
OTHER							
TCAC App/Alloc/Monitor Fees		XXXXXXXX					
Environmental Audit							
Local Dev. Impact Fees							
Permit Processing Fees							
Capital Fees		XXXXXXXX					
Marketing		XXXXXXXX					
Furnishings		XXXXXXXX					
Other (specify)							
Other (specify)							
Total Other Costs							
SUBTOTAL - BUDGET							
Subtotal - Budget							
DEVELOPER COSTS							
Developer Overhead/Profit		XXXXXXXX					
Consultant/Processing Agent							
Project Administration							
Broker fees paid by owner							
Const. Mngmt Oversight							
Other (specify)							
Total Developer Costs							
TOTAL PROJECT COST							
TOTAL PROJECT COST							

ATTACHMENT #20
PERMANENT FINANCING SOURCES

Submit behind this form available evidence of other Permanent Financing Sources (e.g., award letters).
List below All Projected Sources of Funds, Including Grants, Land Donations, Deferred Fees,
Owner Equity, In-Kind, Etc. Copy This Form As Necessary.
List in lien position order.

Name of Lender/Source	Term in Months	Interest Rate	Amount of Funds	Annual Debt Service	Commitment Letter in Application? Check if "Yes"
		%	\$		
		%	\$		
		%	\$		
		%	\$		
Total Permanent Financing			\$		

1. Name of Lender/Source: _____
 Street Address: _____ Contact Name: _____
 City: _____ State: _____ Phone Number: _____
 Type of Financing: _____
☐ Committed ☐ Not Committed Use: _____

2. Name of Lender/Source: _____
 Street Address: _____ Contact Name: _____
 City: _____ State: _____ Phone Number: _____
 Type of Financing: _____
☐ Committed ☐ Not Committed Use: _____

3. Name of Lender/Source: _____
 Street Address: _____ Contact Name: _____
 City: _____ State: _____ Phone Number: _____
 Type of Financing: _____
☐ Committed ☐ Not Committed Use: _____

4. Name of Lender/Source: _____
 Street Address: _____ Contact Name: _____
 City: _____ State: _____ Phone Number: _____
 Type of Financing: _____
☐ Committed ☐ Not Committed Use: _____

ATTACHMENT #21

PROJECT OPERATING INCOME AND EXPENSE STATEMENT

Complete using Accrual Method. If a new project, complete column E only

Use this format and basic items of income and expense, but recreate, if necessary, with additional items of income and expense.

INCOME	(A) 3 FYs PRIOR / - /	(B) 2 FYs PRIOR / - /	(C) PRIOR FY / - /	(D) CURRENT FY / - /	(E) PROJECTED FY / - /
Private Donations					
Local Govt. _____					
State – EHAP					
State – Other _____					
FEMA					
CDBG					
Federal – Other _____					
Rental Income					
Fees					
Other _____					
Other _____					
TOTAL INCOME	\$			\$	\$
EXPENSES					
Rent/Lease					
Debt Service (Principal & Interest)					
Taxes					
Insurance					
Staff (for direct client services)					
Administration (incl. Admin. staff)					
Maintenance					
Utilities					
Reserves					
Other _____					
Other _____					
TOTAL EXPENSES	\$		\$	\$	\$
NET OPERATING INCOME	\$		\$	\$	\$

If the organization can only complete using Cash method, attached a written justification for using this method. If the project's Net Operating Income is negative for any of the reporting periods, provide a written explanation immediately following this page.

Auditor Name _____ Phone Number _____

ATTACHMENT #22

Note: Copy this page as many times as necessary

Funding Source (Specific funding sources: Grant names, e.g., City of Sacramento/CDBG). Include foundations and donations. Submit evidence of operating commitments.	2 FYs Prior <u> </u> / <u> </u> - <u> </u> / <u> </u>	Prior FY <u> </u> / <u> </u> - <u> </u> / <u> </u>	Current Fiscal Year <u> </u> / <u> </u> - <u> </u> / <u> </u>	Projected Fiscal Year* <u> </u> / <u> </u> - <u> </u> / <u> </u>
Volunteer Time (valued at \$10/hour)				
TOTAL ALL SOURCES	\$	\$	\$	\$

Insert behind this page available evidence of other operations funding, e.g., award letters, or submit available evidence of past operations funding and proposed sources.

* If first full operating year is after 2006, re-label these columns to include at least two years of actual information.

ATTACHMENT #25
Applicant Board and Staff Profile (for Non- profit applicants only)

Identify all current members of applicant's board:

Name	Board Title	Occupation	Employer	Residence City

Do any board members or their relatives receive compensation of any type in connection with the activities of the applicant? (Including salaries, commissions, commission rebates, payments for services provided, etc.) Yes ☐ No ☐

If Yes, describe and provide approximate amounts in a recent period:

Number of applicant's full-time employees: _____

Identify applicant's three most highly compensated employees during the most recently completed tax year:

Name	Title	Compensation	Residence City

CAPITAL DEVELOPMENT PROJECTS COMPLETED TO DATE

Page #26-1, #31-1, #32-1 or #33-1 (circle one) Copy as necessary

Project Owner, Architect, Developer, and/or Manager (circle one)	Project Name	Location	No. of Beds/Units	Development Activity Type	Completion Date	Major Funding Source	Contact Name	Phone No.

Use more than one table if needed. Note: If local branch is the applicant, this form should include Capital Development completed by that local branch.

ATTACHMENT #27
EHAPCD PROJECT STAFFING

Include all current and proposed project/program staff positions and requested information including administrative, operating, services, and capital development staff who will be assigned to the project for which you have submitted this application. Copy this page as necessary.

Position (<u>List each staff position separately</u>)	Name of Current Staff Person (State if vacant or proposed)	Average Hours Worked for this EHAP Project Per Week	Years in This Position	Other Years Related Experience	Related Education

ATTACHMENT #28
ORGANIZATION INCOME AND EXPENSE STATEMENT

Complete using the Accrual Method

Note that this information should match your Organization's Audited Financial Statement and Form 990s
 Use this format and basic items of income and expense, but recreate, if necessary, with additional items of income and expense.

INCOME	(A) 3 FYs PRIOR _ / - / _	(B) 2 FYs PRIOR _ / - / _	(C) PRIOR FY _ / - / _	(D) CURRENT FY _ / - / _	(E) PROJECTED FY _ / - / _
Private Donations					
Local Govt. _____					
State – EHAP					
State – Other _____					
FEMA					
CDBG					
Federal – Other _____					
Rental Income					
Fees					
Other _____					
Other _____					
TOTAL INCOME	\$			\$	\$
EXPENSES					
Rent/Lease					
Debt Service (Principal & Interest)					
Taxes					
Insurance					
Staff (for direct client services)					
Administration (incl. Admin. staff)					
Maintenance					
Utilities					
Reserves					
Other _____					
Other _____					
TOTAL EXPENSES	\$			\$	\$
NET OPERATING INCOME	\$			\$	\$

If the organization can only complete using Cash method, attached a written justification for using this method. If the organization's Net Operating Income is negative for any of the reporting periods, provide a written explanation immediately following this page.

Auditor Name _____ Phone Number _____

ATTACHMENT #30
PAST OCCUPANCY*

MONTH	TOTAL UNDUPLICATED COUNT OF THE PERSON SHELTER DAYS <i>(i.e., actual count for every day of the month for the 12 months prior to the application deadline)</i>	AVERAGE OCCUPANCY VS. MAXIMUM BED/APARTMENT CAPACITY
EXAMPLE	900 PERSONS SERVED	30 OF 35 BEDS OR APTS. OCCUPIED
January 2004		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

Mark this Table “N/A” if your project is proposed (new construction)

RATING AND RANKING CRITERIA (Continued)

IV. DESIGNATED LOCAL BOARD (DLB) PRIORITIES

NOTE: If your project is located in a DLB region that has accepted local priorities per the table on **Pages B-1, B-2** of the NOFA, contact your DLB. They will have the format for you to complete and **insert after this page**. If you submit this Section IV (Attachment #39), you will not need to submit Section V (Attachment 40) of this application.

ATTACHMENT #40

RATING AND RANKING CRITERIA (Continued)

V. EHAPCD STATEWIDE PRIORITY SETTING SYSTEM – 150 points possible

Priority Area I: Increase in Capacity (40 points possible)

1.A.	Emergency Shelter: Project demonstrates an increase in capacity greater than 18 new beds or more than 46 preserved beds.	40
------	---	----

15-18 new beds = 40 pts., 10-14 new beds = 30 pts., 6-9 new beds = 20 pts., 0-5 beds=10 pts.
35-46 pres. beds= 40 pts., 23-34 pres. beds = 30 pts., 11-22 pres. Beds = 20 pts., 0-10 pres. beds = 10 pts.

OR

1.B.	Transitional Housing or Safe Haven: Project demonstrates an increase in capacity greater than 18 new beds or more than 46 preserve beds.	40
------	---	----

14-18 new beds = 40 pts., 9-13 beds=30 pts., 4-8 beds=20 pts., 0-3=10 pts.
35-46 preserved beds = 40 pts., 23-34 beds = 30 pts., 11-22 beds = 20 pts., 0-10 beds=10 pts.

Priority Area II: Local Priority (40 points possible)

Applicant has submitted documented evidence that:

2.	A “high” priority has been given to the applicant’s proposed project in the region’s Continuum of Care plan, LESS, or similar community plan.	40
----	---	----

Priority Area III: Project Readiness (40 points possible)

Applicant has demonstrated a level of readiness and has submitted:

3.	Evidence of legally enforceable <i>fee</i> title giving applicant right to develop.	20
----	---	----

4.	Evidence that the conditional use permit has been obtained for the project.	10
----	---	----

5.	Evidence that all funding commitments are in place.	10
----	---	----

Priority Area IV: Applicant Capability (30 points possible)

Applicant has submitted evidence that:

6.	A written commitment exists with an experienced outside development consultant as the Project Developer.	30
----	--	----

The Department has attempted to identify the prime indicators of merit upon which points will be assessed for each category. However, in the event that other indicators of merit for any category are appropriately presented in the application, the Department will assess the relative value and incorporate such indicators into the point schedule accordingly.

Scoring Procedures

An application’s rating scores will be totaled. Applicants will be ranked and then grouped into quartiles with the top score being 150 points and descending incrementally. The top 25% of applicants will earn 150 points, the second group will be given 112.5 points, the third group 75 points, and the final group 37.5 points. If applications received are not divisible by four, the ranked applications will be distributed so that the upper quartile groups are

filled first, but never containing more than one extra application than the lowest quartile group. **This system will apply to both Statewide and DLB priorities, respectively.**

Overview:

If the EHAPCD project you seek funding for is located in a county/region which has a local board that has decided not to participate in setting their own local priorities or a non-DLB county (refer to the table on Pages B-1, B-2 of the NOFA), please address the Statewide Priorities as presented in the **Statewide Priority Setting System** table which precedes this outline.

PRIORITY DETERMINATION MATERIAL

For Projects Located in _____ County
(Indicate County)

Applicant Name: _____

Project Name: _____

Project Site Address: _____
(If address is confidential provide the city, county and zip code)

City/State/Zip Code: _____

Type of Funding Activity ☐ Acquisition ☐ New Construction
Check all that apply: ☐ Rehabilitation

PROJECT PRIORITIES (150 points maximum)

Priority Area I: Increase In Capacity (40 points possible)

1.A. Emergency Shelter _____ New Beds _____ Preserved Beds

1.B. Transitional Housing or Safe Haven _____ New Beds _____ Preserved Beds

1.C. Explain in the space below, how the proposed project addresses this Priority Area. EHAPCD staff will refer to **Attachment #37**.

2. **Priority Area II: Local Priority (40 points possible)**

- 2.A. Evidence that a “high” priority has been given the applicant’s proposed project in the regional Continuum of Care plan, LESS, or similar community plan.
- 2.B. Explain in the space below, how the proposed project addresses this Priority Area and attach documentation (mark as **Attachment #41**).

3. **Priority Area III: Project Readiness (40 points possible)**

- 3.A. Evidence of legally enforceable fee title giving applicant right to develop.
- 3.B. Explain in the space below, how the proposed project addresses this Priority Area. EHAPCD staff will refer to **Attachments #7 and #8**.

- 4.A. Evidence that current zoning permits homeless facility use or that the Conditional Use Permit has been obtained for the project.
- 4.B. Explain in the space below, how the proposed project addresses this Priority Area. EHAPCD staff will refer to **Attachment #12**.

- 5.A. Evidence that all funding commitments are in place for the project.
- 5.B. Explain in the space below, how the proposed project addresses this Priority Area. EHAPCD staff will refer to **Attachments #18 and #20**.

6. **Priority Area IV: Applicant Capability (30 points possible)**

- 6.A. A written commitment exists with an experienced outside development consultant as the Project Developer.
- 6.B. Explain in the space below, how the proposed project addresses this Priority Area. EHAPCD staff will refer to **Attachment #32**.